

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Yarm Medical Centre, 1 Worsall Road, YARM, Cleveland, TS15 9DD

Pharmacy reference: 1111406

Type of pharmacy: Community

Date of inspection: 30/08/2019

Pharmacy context

This pharmacy is in a health centre on the outskirts of the town centre. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers some services including supervised methadone consumption and emergency hormonal contraception. It provides a delivery service. And supplies medicines in multi-compartmental compliance packs to help people take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures that the team follows to work in a safe way to provide its services to people using the pharmacy. The pharmacy team members understand their roles and tasks. And they know how to protect the safety of vulnerable people. The pharmacy keeps the records it needs to by law. It looks after people's private information. And advertises how people using its services can provide feedback and raise concerns. The pharmacy responds when mistakes and dispensing errors happen. But these are not always recorded, discussed and shared. This means that the pharmacy may be missing opportunities to make changes to improve the safety and quality of its services. And the team members may be missing out on learning from these to prevent future mistakes.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the dispensing prescriptions, final check, if your pharmacist doesn't arrive and controlled drugs (CD) management. They had clearly set out role matrix at the front of the SOPs. The pharmacy had an older and newer set of SOPs in folders. And the team members had signed the section relevant to them in the older versions but not all of them had signed the newer set. The pharmacy had three terminals in the dispensary and the workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for compliance pack preparation.

The pharmacy pulled prescriptions down from the spine a few times during the day. And the team members prepared the labels and ordered the stock. They filed the prescriptions with the labels, in a box alphabetically. They used a blue box for the ones they pulled down on one day. The following day they moved any that they had not completed into a red box. This identified to the team the priority they gave to completing the prescriptions. And kept them in date order. And assisted in locating items, if people came in prior to the team completing the dispensing process. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used red baskets for waiters as they had several people who came directly from the surgery. This helped to distinguish people's prescriptions by degree of urgency and allowed the team to plan workload.

The pharmacy generally recorded near misses found and corrected during the dispensing process. The team members recorded their own on a specific template. And they advised that the pharmacist told them of the near misses but sometimes when they were busy they didn't get the chance to complete the log at the time and they missed recording the mistake. Examples included wrong strengths for risedronate and fluoxetine and a labelling mistake when the team member had labelled the box with one to two instead of one daily. The team members sometimes completed the comments box with reasons such as similar boxes or rushing. The pharmacy had previously undertaken written reviews, but these had lapsed since the previous manager had left. The management support pharmacist and team advised that the team discussed near misses when they could. But she was reinstating the written reviews. The pharmacy had a few alert stickers in locations to remind the team to take care when selecting item.

There was a procedure to record and report dispensing errors and the team showed records and advised of the process. There had been a concern raised with the General Pharmaceutical Council

(GPhC). The relief pharmacist had suitably recorded this and sent to the head office. The person referring the concern had commented how helpful the pharmacist had been. But the some of the team had not been made aware of the error and discussed that they were missing out on an opportunity to learn from it and improve. During the inspection the team discussed the error, with atorvastatin supplied instead of omeprazole. They noticed some were the same brand now but were not sure if that would have been the case at the time. They were not located together but they all advised they would take care in section and putting away stock.

The pharmacy had current indemnity insurance with an expiry date of 31 August 2019. The management support pharmacist advised a new one was on its way. The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The pharmacy completed the CD registers as required and the pharmacy undertook weekly stock audits. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal. The team kept these segregated in clear bags until they had time to dispose of them. They did this regularly to avoid build up in the CD cabinet. And did not allow a build-up in the CD cabinet. The pharmacy maintained the private prescription register electronically. It kept special records for unlicensed products with the certificates of conformity completed.

The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The team kept patient sensitive information securely. And the pharmacy team stored confidential waste in separate containers for offsite shredding. The team advised they were aware of the need for confidentiality but could not recall receiving any specific training on any regulations. The pharmacy had a SOP and policy document for Child Protection and Vulnerable Adults which had additional guidance for the team. And contact details for relevant organisations available, should the team require these. The pharmacists and technician had undertaken level 2 CPPE training. And most of the team had completed Dementia friends training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained or training team members to safely provide its services. Team members who are training to gain a qualification have access to training material. And given time to do training. This ensures they have the skills and qualifications they need. The team members discuss information and undertake some ongoing training. But the pharmacy keeps limited records of ongoing training, so it may be difficult to establish individuals' requirements. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There were two pharmacists working in the pharmacy. One was the management support pharmacist who supported the pharmacy. There was often double cover at the moment due to changes in staffing and there not being a current manager. The previous manager left around February. And in addition, the regional co-ordinator who was an accuracy checking technician (ACT), was present assisting in the dispensary. The pharmacy had a pharmacist who had been due to start but unfortunately due to a change in circumstances could no longer take the post. It was holding more interviews next week and hoped to get someone permanent in place shortly. Until then the team would continue to receive support. The pharmacy had also lost two members of the team. The pharmacy had now filled these hours with one new dispenser to the company and the MCA training to be a dispenser. hours. The pharmacy had used other dispensers to assist during this period. And obtained staff from others local pharmacies in the area. There were three dispensers working in the dispensary, two who worked 40 hours and one who worked 37 hours weekly. There was a technician who worked 17.5 hours and two medicines counter assistants (MCA), one who worked 40 hours and the other 26.5 hours. The pharmacy also had a Saturday member of the team who worked additional hours when required.

Certificates and qualifications were available for the team. One of the dispensers was undertaking the accuracy checking course and hoped she could also do the technicians course. One of the MCAs was going to start the dispensing course and worked mostly on the counter but had started helping in the dispensary. One dispenser had just completed the technicians' course and was registering with the General Pharmaceutical Council (GPhC). The pharmacy had a rota displayed with the hours the team worked.

The pharmacy team members received some training on topics such as summary care records, risk assessments and children's oral health. They used the learning facilities on the Centre for Pharmacy Postgraduate Education (CPPE) site. The next training just received to undertake was on sepsis for the next healthy living topic. Two of the team had completed the healthy living champion training and were responsible for keeping displays and having material available for people to access. Recently the team members had started having tests after reading any SOPs. At the end of the test, the team received the result, and a certificate provided if they had passed. The pharmacy kept the certificates for these in a file. But there were no records kept for other ongoing training. One of the dispensers was reading through the Counter intelligence Plus book to keep her knowledge of new products up-to-date. The MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referring to the pharmacist when necessary.

The team members carried out tasks and managed their workload in a competent manner discussing

any issues which arose and dealing with any telephone queries. They received performance reviews which gave the chance to receive feedback and discuss development needs. The pharmacy team had targets for services such as MURs. But the company had put these on hold, in the absence of a regular pharmacist. The team said they could raise concerns about any issues within the pharmacy by speaking to the co-ordinator and felt supported in the absence of a regular pharmacist. There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is clean and well maintained. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the team completed a cleaning rota to ensure they attended to all required tasks. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. There was a notice about the chaperone policy asking patients if they would like someone to sit in with them. The pharmacy team kept the consultation room locked when not in use. And the computer screen went into screen lock.

Members of the public could not access the dispensary due to the counter layout. There had been a chain across the end of the counter, but this was no longer there, but people waited behind the counter. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises. And they attended to them in an orderly way, acknowledging them when they came in.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. And it provides its services safely and effectively. It stores, sources and manages its medicines safely. And it delivers medicines to peoples' homes. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with advice. They dispense medicines into devices to help people remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. It adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the entrance for easy access. There was a separate entrance through the surgery which many people used. The pharmacy displayed posters to remind people of the change in ordering of their prescriptions from September. They had been explaining to people of the pending change due to the Clinical Commissioning Group (CCG) policy. And they planned with the surgery for vulnerable people. They had identified several people who received deliveries and could not attend the surgery with their repeat slips or had access to the online ordering service.

There was some customer seating. And a working hearing loop in place. The pharmacy team members wore name badges with their role. The pharmacy displayed the hours of opening on the door. It had a range of information leaflets on the counter and a Healthy Living section with some information on holiday medicines. There were practice leaflets available for people to take away. It provided details of services and gave details for any comments, suggestions or complaints. Most of the items for sale were healthcare related. And people could not access Pharmacy only medicines as the pharmacy kept these behind the counter. And the team members assisted people if they required any purchases of these items. And asked the appropriate questions to ensure the sale was suitable for their needs.

The team signposted to other healthcare services such as needle exchange. And they referred people to the surgery for smoking cessation, as the surgery held a weekly clinic. The pharmacy undertook Medicine Use Reviews (MUR) and the New Medicines service (NMS) and targeted suitable people. The pharmacist assessed whether to carry these out. These were only done occasionally at the moment due to there being no regular manager. The pharmacy had provided a flu vaccination service previously and was intending to provide it this year. It provided Emergency Hormonal Contraception (EHC) through a patient Group Directive when required.

The pharmacy supplied medicines to around 80 people in multi-compartmental compliance packs to them take their medicines. Two of the team generally prepared the packs. They put descriptions of medication on the backing sheets and supplied Patient information leaflets (PILs) with each four-week cycle. Each patient had a profile sheet and the team recorded any notes on these to remind the team of any special requirements. This included a patient whose medication required in a pack with deeper compartments. Some profile sheets had a few crossings out on them. The team advised they were reviewing them all, as they were in the process of starting to use the company hub for some packs. They advised they were waiting for training for this. The pharmacy offered a substance misuse service. And had one person receiving methadone and one buprenorphine. The pharmacist made up the

medication on the day due to there being few people.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process. The team used a stamp on the prescription to show that the pharmacist had completed a clinical checked. And this allowed the accuracy checking technician to do an accuracy check. But during the inspection the ACT was helping dispense, so the pharmacists were not using the stamp. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. The pharmacist also put a sticker on with notes if he wanted to query a dose such as the number of times a day a patient was using their inhaler. The team members used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The team generally completed the last date for supply on the stickers as a reminder to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The team members checked with people the numbers of items they were expecting to ensure they received all the items especially if they had ordered them and obtained a few prescriptions.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had undertaken an audit, with most of the people using this medication men and only two women in the at-risk group. They recalled the information pack they had received a while ago but could not locate it. It was pointed out during the inspection that some of the new packs had the perforated warning cards attached to the original packs. So, they could provide people with these. The pharmacy kept delivery sheets as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature sheet for each patient for a CD for receipt of the delivery. The pharmacy kept these in bundles for each month and then disposed of them.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had two refrigerators from a recognised supplier. These were appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. They used one for stock and one for completed prescription items waiting to be supplied. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use. The pharmacy obtained medicines from reputable sources, predominately using their own warehouse.

The team were aware of the Falsified Medicines Directive (FMD) and had scanners in place. The coordinator advised she would be getting training and would be helping branches in the area nearer the time of the launch. They anticipated this would be by the end of the year. The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information. The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. One of these was a plastic measure with no approval markings, so the team removed this measure and replaced it with a glass crown stamped measure. A team member marked this to indicate it was for methadone use only. The pharmacy also had a range of equipment for counting loose tablets and capsules.

The pharmacy stored medication waiting collection on shelves where people could not see any confidential details. The pharmacy had dedicated specific shelves and sections. The team had increased the room required for prescriptions waiting collection to ensure that they stored these appropriately and not on the floor. The team filed the prescriptions in boxes in a retrieval system out of view, keeping details private. The computer screens in the dispensary were out of view of the public. The team used the NHS smart card system to access to people's records. They used cordless phones for private conversations.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.